

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/562,973 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.	6	←	6	←		←
TOTAL CLAIMS	7	[QR]	7	[QR]		[QR]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL CLAIMS		[QR]		[QR]		[QR]